



# INSURANCE BILLINGS

Reconciliation & Adjustments



**PRESENTED BY:**

**Sandy Mezera , Department of Administrative Services, Benefits Bureau**



# Monthly Timelines

Monthly billing reports are mailed out to departments the week after the 1st paycheck of the month.

Departments have four weeks from the run date on the Billing Summary Report (approx. 3 weeks from receipt) to balance their accounts and send in adjustments.

- Try to stay caught up! Being behind the deadline schedule at the end of the year can cause inaccuracies on your employee's W2s.

The Summary Sheet that comes with the reports must be submitted to DAS even if there are no billing adjustments necessary for the month.

DAS will start statewide balancing and processing of adjustments after the departments' deadline.

Refunds do not run until statewide bills have been processed.

- Insurance refunds only run once a month.
- Adjustments must be turned in by the deadline to assure an automatic refund is applied instead of paid out.

1075-N193-A AGENCY 005  
DEPT NAME Administrative Services, Dept

HEALTH/DENTAL INSURANCE BILLING SUMMARY  
MONTH OF FEBRUARY, 2018

PAGE 1  
RUN DATE 02/05/2018

CARRIER	CARRIER AMOUNT	# OF EE COVERED	BALANCED ?	ADJUSTMENTS ATTACHED	CHECKS ATTACHED	OTHER
DELTA DENTAL	10,834.41	186				
DENTAL SPOC	.00	0				
NATIONAL CHOICE	39,235.50	31				
IOWA CHOICE	186,432.00	143				
SPOC	.00	0				

INSTRUCTIONS:

- 1) AGENCY HRA STAFF COMPLETE THIS FORM. RETURN COMPLETED FORM(S) WITH ADDITIONAL PAPERWORK (IF NEEDED) TO DAS-SAE - ATTN: INSURANCE BILLING ADJ COORDINATOR WITHIN (4) WEEKS FROM THE RUN DATE PRINTED ON THIS REPORT.
- 2) 'BALANCED' COLUMN - ENTER AN 'X' ON EACH CARRIER LINE IF YOU HAVE BALANCED THE CARRIER TOTALS USING THE 'PAYROLL JOURNAL RECAP RECONCILIATION WORKSHEET'
- 3) 'ADJUSTMENTS ATTACHED' COLUMN - ENTER AN 'X' ON EACH CARRIER LINE IF YOU ARE MAKING BILLING ADJUSTMENTS ATTACH ALL INSURANCE ADJUSTMENTS PAPERWORK WITH THIS FORM.
- 4) 'CHECKS ATTACHED' COLUMN - ENTER AN 'X' ON EACH CARRIER LINE IF YOU ARE INCLUDING PAYMENTS FROM EMPLOYEES. CHECKS MADE PAYABLE TO 'TREASURER - STATE OF IOWA'. MONTH/YR + HLTH/DENTAL INFO ON MEMO LINE IS HELPFUL.
- 5) 'OTHER COMMENTS' COLUMN - ENTER ADDITIONAL COMMENTS OR EXPLANATIONS AS NEEDED (I.E. EMPLOYEE NAME/EI # THAT APPEARS TO BE A PROBLEM. APPLY AUTO-REFUND, WORKSHEET WILL NOT BALANCE, ETC)

# Refunds

The payroll system is self-correcting between the 1st & 2nd insurance pulls for a month's premiums.

- Any over payment pulled in the 1st half will automatically be refunded.
- Any under payment will be caught up in the 2nd half, if there is a warrant.

If an employee share pulls from the 1st half and then there is no pay warrant for the 2nd half pull, the system assumes termination and puts the 1st half on the automatic refund report.

**The 075N192-A (health) & 075N181-A (dental) insurance reports show your automatic refunds for the month.**

If an employee went on LWOP for the 2nd pay period, you will need to do a manual billing adjustment to pay the missed portion of the premiums and apply back the 1st half refund.

If the deductions for an employee were wrong for both insurance pulls, a manual billing adjustment will be required.

# Balancing

## Information Needed:

- Monthly Insurance Reports
- Payroll Journal Grand Totals
  - You can find monthly totals in the Data Warehouse on the Payroll Journal Finals or Insurance Deduction reports.
- Rewrite and Cancellation reports from Data Warehouse
- Use the Deduction Schedule to find the correct pay periods to use for the month.

Use the Payroll Journal Recap Reconciliation Worksheet to enter your information for balancing.

# DEDUCTION SCHEDULE 2017 - 2018

2017

Pay Period		Pay	Insurance Effective Date		
<u>Begin*</u>	<u>End</u>	<u>Date</u>		<u>Health and Dental</u>	<u>Life</u>
9/22/2017	10/5/2017	10/13/2017	October	2nd Half/State Share	October
10/6/2017	10/19/2017	10/27/2017	November	1st Half	
10/20/2017	11/2/2017	11/9/2017	November	2nd Half/State Share	November
11/3/2017	11/16/2017	11/22/2017	December	1st Half	
11/17/2017	11/30/2017	12/8/2017	December	2nd Half/State Share	
12/1/2017	12/14/2017	12/22/2017	January	1st Half	December
12/15/2017	12/28/2017	1/5/2018	January	2nd Half/State Share	

2018

Pay Period		Pay	Insurance Effective Date		
<u>Begin*</u>	<u>End</u>	<u>Date</u>		<u>Health and Dental</u>	<u>Life</u>
12/29/2017	1/11/2018	1/19/2018	February	1st Half	January
1/12/2018	1/25/2018	2/2/2018	February	2nd Half/State Share	
1/26/2018	2/8/2018	2/16/2018	March	1st Half	February
2/9/2018	2/22/2018	3/2/2018	March	2nd Half/State Share	
2/23/2018	3/8/2018	3/16/2018	April	1st Half	March
3/9/2018	3/22/2018	3/30/2018		3rd Check - No Deductions	
3/23/2018	4/5/2018	4/13/2018	April	2nd Half/State Share	April
4/6/2018	4/19/2018	4/27/2018	May	1st Half	
4/20/2018	5/3/2018	5/11/2018	May	2nd Half/State Share	May
5/4/2018	5/17/2018	5/25/2018	June	1st Half	
5/18/2018	5/31/2018	6/8/2018	June	2nd Half/State Share	
6/1/2018	6/14/2018	6/22/2018	July	1st Half	June
6/15/2018	6/28/2018	7/6/2018	July	2nd Half/State Share	
6/29/2018	7/12/2018	7/20/2018	August	1st Half	July
7/13/2018	7/26/2018	8/3/2018	August	2nd Half/State Share	
7/27/2018	8/9/2018	8/17/2018	September	1st Half	August
8/10/2018	8/23/2018	8/31/2018		3rd Check - No Deductions	
8/24/2018	9/6/2018	9/14/2018	September	2nd Half/State Share	September
9/7/2018	9/20/2018	9/28/2018	October	1st Half	
9/21/2018	10/4/2018	10/12/2018	October	2nd Half/State Share	October
10/5/2018	10/18/2018	10/26/2018	November	1st Half	
10/19/2018	11/1/2018	11/9/2018	November	2nd Half/State Share	November
11/2/2018	11/15/2018	11/21/2018	December	1st Half	
11/16/2018	11/29/2018	12/7/2018	December	2nd Half/State Share	
11/30/2018	12/13/2018	12/21/2018	January	1st Half	December
12/14/2018	12/27/2018	1/5/2019	January	2nd Half/State Share	

## \*P-1 Eff. Date

NOTE: Employee's deductions, when necessary, are taken from both pay periods. If the second half pay period date is used, the system will automatically take the full month's employee share of the premium. The State's share is always made in the second half pay period. **No deductions are taken from the third pay check of the month.**

If an employee makes changes that result in a premium increase or decrease, and the change is not processed until the second half pay period, the system will adjust the second deduction. If a refund is due to the employee it will be on the next month's billing "Automatic Refund List."

If an employee is terminating, coverage will end on the last day of the month of termination. You need to look at the deduction schedule to determine if or when you need to "zero" out the health and/or dental codes. **If the employee has single coverage and it is not the second half deduction (state share) pay period, you do not need to zero out the codes.**

## PAYROLL JOURNAL RECAP RECONCILIATION WORKSHEET

	National Choice/Blue Cross			Delta Dental			Blue Advantage			Iowa Choice/Blue Access		
Department	EE Share	State Share	Total	EE Share	State Share	Total	EE Share	State Share	Total	EE Share	State Share	Total
Regular Payroll												
Pay period 1			-			-	-		-			-
Pay period 2			-			-	-		-			-
Add Rewrites from DW rewrite reports												
Pay period 1			-			-	-		-			-
Pay period 2			-			-	-		-			-
Subtract Cancels from DW cancel report												
Pay period 1	-		-	-		-	-		-	-		-
Pay period 2	-		-	-		-	-		-	-		-
Subtract Automatic Refunds - 075N192A or 075N181A												
	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-
Transfers between Carriers (+ or -) - 075N192B or 075N181B												
			-			-			-			-
			-			-			-			-
			-			-			-			-
Transfers between Depts (+ or -)			-			-			-			-
			-			-			-			-
			-			-			-			-
			-			-			-			-
Totals	-	-	-	-	-	-	-	-	-	-	-	-
Amounts from Billing summary - 075N193A			-			-			-			-
Difference			-			-			-			-

Worksheet can be found on-line at:

<https://das.iowa.gov/human-resources/hr-info-hrapa#InsBillings>

# Payroll Journal Final

Report Type: Regular Biweekly Payroll Run Flag: FINAL

Pay Period 3/24/17 to 4/6/17

Employee Pay	
Base Pay	521,821.32
Lead Worker Pay	1,602.40
Special Duty Pay	0.00
Call Back Pay	0.00
Standby Pay	544.07
Subsistence Pay	0.00
Extraordinary Pay	0.00
Educational Diff Pay	0.00
Commute Miles Pay	0.00
Longevity Pay	0.00
Shift Differential	244.00
Term Leave Pay	35,831.31
Workers Comp	0.00
Other Pay Adj	625.60
Overtime Pay	952.19
Sick Leave Pay	4,000.00
Comptime Pay	1,496.50
Holiday Pay	0.00
Med-Passer Pay	0.00
Per-Diem Meal Pay	0.00
Per-Diem Cleaning Pay	0.00
Phased Retire. Incentive	0.00
Move Pay	0.00
Imputed Pay	0.00
Vacation Payout	0.00
Reassignment Pay	0.00
Income Not Subj Retire	0.00
Catastrophic Pay	0.00
Second Language Pay	0.00
Spoc Premium Pay	0.00
Vol Firefighter Pay	0.00
Spoc Dnr 4% Prem Pay	0.00
Backpay Subj Por Pay	0.00
Additional NonBase Pay	0.00
Health Incentive Pay	1,125.00

Total Gross Pay	568,242.39
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Total Net Pay	333,561.55
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### Employee Share

Fed WH	1101	74,182.95
Maint/Commute/Miles	1102	0.00
State WH	1103	26,122.98
Charitable Contributions	1104	301.78
FICA	1105	42,196.19
Jud Retire.	1106	0.00
Pol Retire.	1107	0.00
IPERS	1108	31,305.17
Employee Org. Dues	1109	990.29
Blue Cross	1110	1,649.00
Temporary Deduction	1114	0.00
Credit Union	1115	19,550.80
Annuity	1116	0.00
Group Life	1117	2,355.45
Deferred Comp.	1118	17,268.72
Employee Org. Ins.	1119	0.00
Spoc Health	1120	0.00
Misc Deduction	1122	327.32
Dental NonSpoc	1123	2,307.96
Illinois WH	1125	0.00
Out Of State WH	1126	0.00
FICA - Police	1130	0.00
Airport FF Retire.	1134	0.00
Cons Peace Retire.	1135	0.00
Corr Officer Retire.	1136	0.00
Flex Spend Health	1141	3,714.85
Blue Advantage	1143	1,246.00
Dental Spoc	1148	0.00
Blue Access	1149	6,013.50
Imputed Income	1151	0.00
TIAA-CREF Retirement	1152	0.00
Flex Spend Depcare	1160	1,562.14
L.T. Disability Ded	1188	0.00
Roth Def Comp Ded	1189	3,445.50
Garnishment	1500	0.00
Wage Assignments	1501	140.24
Travel Advance	2115	0.00

### Total Employee Share

### State Share

FICA	1311	42,196.19
IPERS	1312	46,983.93
Jud Retire.	1313	0.00
Pol. Retire.	1314	0.00
Blue Cross	1315	33,312.00
Life Insurance	1317	569.32
L.T. Disability	1318	2,720.84
Spoc Health	1320	0.00
Deferred Comp	1322	8,465.00
Dental - NonSpoc	1323	6,917.55
FICA - Police	1330	0.00
Airport FF Retire.	1334	0.00
Cons Peace Retire.	1335	0.00
Corr Officer Retire.	1336	0.00
Blue Advantage	1343	19,969.00
Dental - Spoc	1348	0.00
Blue Access	1349	185,622.00
TIAA-CREF Retirement	1352	0.00

Total State Share	346,755.83
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169	Permanent Full Time	677,236.73
1	Statutory	6,912.09
37	Exempt Full Time	227,973.14
1	Permanent Part Time	822.12
1	Exempt Part Time	816.99
0	Intermittent	0.00
3	Temporary Exempt	1,237.15
0	Project	0.00
0	Summer Exempt	0.00
0	Temporary Unauthorized	0.00
212	Total Paid Employees	914,998.22
40	Total Vacant	0.00
0	Total Not Paid	0.00

Total Charged to Salaries	914,998.22
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Total Trustee Amount	581,436.67
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# Deduction Summary

Report ID: SAE-WN6000

Source: HR Payroll

Department: 005

Emp Name and Number: ALL

PP Begin Date: 3/24/2017 12:00:00 AM

Report Type: Regular Biweekly Payroll Final Run Flag: FINAL

STATE OF IOWA

## EMPLOYEE AND STATE SHARE DEDUCTIONS SUMMARY

Page: 1 of 2

Run Date: 04/21/2017

Run Time: 10:59:39 AM

### Regular Biweekly Payroll

PP Begin Date	Blue Cross	Blue Cross State Share	Blue Access	Blue Access State Share	Blue Advantage	Blue Advantage State Share	SPOC Health EE Share	SPOC Health State Share	Delta Dental	Delta Dental State Share	SPOC Dental EE Share	SPOC Dental State Share	Basic Life State Share	Supp Life	LTD State Share
03/24/17	1,649.00	33,312.00	6,013.50	185,622.00	1,246.00	19,969.00	-	-	2,307.96	6,917.55	-	-	569.32	2,355.45	2,720.84
<b>Sum:</b>	<b>1,649.00</b>	<b>33,312.00</b>	<b>6,013.50</b>	<b>185,622.00</b>	<b>1,246.00</b>	<b>19,969.00</b>	<b>-</b>	<b>-</b>	<b>2,307.96</b>	<b>6,917.55</b>	<b>-</b>	<b>-</b>	<b>569.32</b>	<b>2,355.45</b>	<b>2,720.84</b>

Carrier	Amount
Delta Dental	9,225.51
SPOC Dental	-
Blue Cross	34,961.00
Blue Access	191,635.50
SPOC Health	-
Blue Advantage	21,215.00

# Rewrite Journal Page 1

Report ID: 075N436-A

Source: HR Payroll

Department: [REDACTED]

PP Begin Date: 03/24/2017

Report Type: Rewrite

Run Flag: FINAL

## STATE OF IOWA PAYROLL JOURNAL

Page: 1 of 5

Run Date: 04/26/2017

Run Time: 02:02:12 PM

PAYROLL JOURNAL - REWRITE											Pay Period 3/24/17 to 4/6/17			
Name			Paid	Time Used	Summary Earned	Balance	Time Worked	Base Pay		Phase Ret	FICA	Def Comp	EO Dues	Wage Assgn
Class - Pos	Pretax Flg							Long Pay	Sick Lv	Pay Gross	Retire	Roth Defc	EO Ins	Dent Ins
Emp No	Barg Unit							Other Pay	Oth Adj	Pay Imp Inc	Hlth Ins	Temp Ded	Maint / Comm	Misc Ded
Pay Rate	Pos Type							Work Comp	Term Lv	Pay Fed WH	Life Ins	CR Union	Contrib	Net Pay
										State WH	Dis Ded	FSA Acts		
			VMAX	192.00 R	0.00 C		80.00 BW	1,530.40		0.00	115.21	0.00	19.13 50	0.00
00806 - 001	Y	RVAC		0.00	3.69	32.62	0.00 OT	0.00	0.00	1,530.40	91.06 I	60.00	0.00	0.00 I
	002 N	SKLV		0.00	5.53	111.43	0.00 EX	0.00	0.00	0.00	10.00 1	0.00	0.00	9.00
1,530.40	BW PF	COMP	0.00	0.00	0.00	0.00		0.00	0.00	201.08	14.50 L	0.00	0.00	951.42
		HOLI	0.00	0.00	0.00	0.00				59.00	0.00	0.00		

# Rewrite Journal Page 2

Report ID: 075N436-A

Source: HR Payroll

Department: [REDACTED]

PP Begin Date: 03/24/2017

Report Type: Rewrite

Run Flag: FINAL

## STATE OF IOWA PAYROLL JOURNAL

Account Number		PAYROLL JOURNAL TOTAL		Pay Period	3/24/17 to 4/6/17
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### Employee Pay

Base Pay	1,530.40
Lead Worker Pay	0.00
Special Duty Pay	0.00
Call Back Pay	0.00
Standby Pay	0.00
Subsistence Pay	0.00
Extraordinary Pay	0.00
Educational Diff Pay	0.00
Commute Miles Pay	0.00
Longevity Pay	0.00
Shift Differential	0.00
Term Leave Pay	0.00
Workers Comp	0.00
Other Pay Adj	0.00
Overtime Pay	0.00
Sick Leave Pay	0.00
Comptime Pay	0.00
Holiday Pay	0.00
Med-Passer Pay	0.00
Per-Diem Meal Pay	0.00
Per-Diem Cleaning Pay	0.00
Phased Retire. Incentive	0.00
Move Pay	0.00
Imputed Pay	0.00
Vacation Payout	0.00
Reassignment Pay	0.00
Income Not Subj Retire	0.00
Catastrophic Pay	0.00
Second Language Pay	0.00
Spoc Premium Pay	0.00
Vol Firefighter Pay	0.00
Spoc Dnr 4% Prem Pay	0.00
Backpay Subj Por Pay	0.00
Additional NonBase Pay	0.00
Health Incentive Pay	0.00

Total Gross Pay 1,530.40

Total Net Pay 951.42

### Employee Share

Fed WH	1101	201.08
Maint/Commute/Miles	1102	0.00
State WH	1103	59.00
Charitable Contributions	1104	0.00
FICA	1105	115.21
Jud Retire.	1106	0.00
Pol Retire.	1107	0.00
IPERS	1108	91.06
Employee Org. Dues	1109	19.13
Blue Cross	1110	10.00
Temporary Deduction	1114	0.00
Credit Union	1115	0.00
Annuity	1116	0.00
Group Life	1117	14.50
Deferred Comp.	1118	0.00
Employee Org. Ins.	1119	0.00
Spoc Health	1120	0.00
Misc. Deduction	1122	9.00
Dental NonSpoc	1123	0.00
Illinois WH	1125	0.00
Out Of State WH	1126	0.00
FICA - Police	1130	0.00
Airport FF Retire.	1134	0.00
Cons Peace Retire.	1135	0.00
Corr Officer Retire.	1136	0.00
Flex Spend Health	1141	0.00
Blue Advantage	1143	0.00
Dental Spoc	1148	0.00
Blue Access	1149	0.00
Imputed Income	1151	0.00
TIAA-CREF Retirement	1152	0.00
Flex Spend Depcare	1160	0.00
L.T. Disability Ded	1188	0.00
Roth Def Comp Ded	1189	60.00
Garnishment	1500	0.00
Wage Assignments	1501	0.00
Travel Advance	2115	0.00

Total Employee Share

578.98

### State Share

FICA	1311	115.21
IPERS	1312	136.66
Jud Retire.	1313	0.00
Pol. Retire.	1314	0.00
Blue Cross	1315	918.00
Life Insurance	1317	2.90
L.T. Disability	1318	10.28
Spoc Health	1320	0.00
Deferred Comp	1322	60.00
Dental - NonSpoc	1323	28.68
FICA - Police	1330	0.00
Airport FF Retire.	1334	0.00
Cons Peace Retire.	1335	0.00
Corr Officer Retire.	1336	0.00
Blue Advantage	1343	0.00
Dental - Spoc	1348	0.00
Blue Access	1349	0.00
TIAA-CREF Retirement	1352	0.00

Total State Share

1,271.73

1 Permanent Full Time	2,802.13
0 Statutory	0.00
0 Exempt Full Time	0.00
0 Permanent Part Time	0.00
0 Exempt Part Time	0.00
0 Intermittent	0.00
0 Temporary Exempt	0.00
0 Project	0.00
0 Summer Exempt	0.00
0 Temporary Unauthorized	0.00
1 Total Paid Employees	2,802.13
0 Total Vacant	0.00
0 Total Not Paid	0.00

Total Charged to Salaries

2,802.13

Total Trustee Amount

1,850.71

# Cancellations Journal

Report ID: 075N447-A Source: HR Payroll STATE OF IOWA Run Date: 04/21/2017 Run Time: 10:40:30 AM Page: 6 of 7  
 Department: All PP Begin Date 03/24/2017 PAYROLL WARRANT CANCELLATION

EmpNo	Warrant Number	Issue Date	04/11/2017	Pretax Flag Y	Refund Flag N
0001	671 6212 97			1100	
	Credit Allocation				0.000
	Credit Allocation				0.000
Move Pay	0.00	Credit Allocation			0.000
Health Incentive	0.00	Credit Allocation			0.000
Add'l Pay	0.00	Credit Allocation			0.000
Gross Pay	1,491.60				

EMPLOYEE SHARE						STATE SHARE					
Fed WH	1101	96.13	0.00	0.00	0.00						
Maint / Commute Miles	1102	0.00	0.00	0.00	0.00						
State WH	1103	61.46	0.00	0.00	0.00						
Charitable Contribution	1104	0.00	0.00	0.00	0.00						
FICA	1105	111.49	0.00	0.00	0.00	1311	111.49	0.00	0.00	0.00	0.00
Jud Retirement	1106	0.00	0.00	0.00	0.00	1313	0.00	0.00	0.00	0.00	0.00
Pol Retirement	1107	0.00	0.00	0.00	0.00	1314	0.00	0.00	0.00	0.00	0.00
IPERS	1108	88.75	0.00	0.00	0.00	1312	133.20	0.00	0.00	0.00	0.00
Employee Org Dues	1109	0.00	0.00	0.00	0.00						
Blue Cross Health	1110	0.00	0.00	0.00	0.00	1315	0.00	0.00	0.00	0.00	0.00
Temporary Deduction	1114	0.00	0.00	0.00	0.00						
Credit Union	1115	0.00	0.00	0.00	0.00						
Annuity	1116	0.00	0.00	0.00	0.00						
Group Life	1117	4.90	0.00	0.00	0.00	1317	2.90	0.00	0.00	0.00	0.00
Deferred Comp	1118	0.00	0.00	0.00	0.00	1322	0.00	0.00	0.00	0.00	0.00
Employee Org. Ins.	1119	0.00	0.00	0.00	0.00						
SPOC Health	1120	0.00	0.00	0.00	0.00	1320	0.00	0.00	0.00	0.00	0.00
Misc Deduction	1122	0.00	0.00	0.00	0.00						
Dental NonSPOC	1123	19.26	0.00	0.00	0.00	1323	38.54	0.00	0.00	0.00	0.00
Illinois WH	1125	0.00	0.00	0.00	0.00						
Other State WH	1126	0.00	0.00	0.00	0.00						
FICA - Police	1130	0.00	0.00	0.00	0.00	1330	0.00	0.00	0.00	0.00	0.00
Airport FF Retirement	1134	0.00	0.00	0.00	0.00	1334	0.00	0.00	0.00	0.00	0.00
CONS Peace Retirement	1135	0.00	0.00	0.00	0.00	1335	0.00	0.00	0.00	0.00	0.00
CORR Officer Retirement	1136	0.00	0.00	0.00	0.00	1336	0.00	0.00	0.00	0.00	0.00
Flex Spend Health	1141	0.00	0.00	0.00	0.00						
Blue Advantage	1143	0.00	0.00	0.00	0.00	1343	0.00	0.00	0.00	0.00	0.00
Dental SPOC	1148	0.00	0.00	0.00	0.00	1348	0.00	0.00	0.00	0.00	0.00
Blue Access	1149	10.00	0.00	0.00	0.00	1349	1,578.00	0.00	0.00	0.00	0.00
Imputed Income	1151	0.00	0.00	0.00	0.00						
TIAA / CREF Retirement	1152	0.00	0.00	0.00	0.00	1352	0.00	0.00	0.00	0.00	0.00
Flex Spend Dependent Care	1160	0.00	0.00	0.00	0.00						
L.T. Disability	1188	0.00	0.00	0.00	0.00	1318	9.83	0.00	0.00	0.00	0.00
Roth Def Comp	1189	0.00	0.00	0.00	0.00						
Garnishments	1500	0.00	0.00	0.00	0.00						
Wage Assignment	1501	0.00	0.00	0.00	0.00						
Travel Advance	2115	0.00	0.00	0.00	0.00						
Total		391.99					1,873.96	Debit Trustee Account			2,265.95
Employee Warrant Cancelled (Net)		1,099.61						Credit Salary Account			2,265.95

# Cancellation Of Insurance Refund

Don't add cancelled refund warrants into regular payroll warrant cancellation numbers.  
Refund cancels will look like this:

Report ID: 075N447-A		Source: HR Payroll		STATE OF IOWA		Run Date: 04/21/2017		Run Time: 10:47:21 AM		Page: 3 of 7	
Department: All		PP Begin Date 03/24/2017		PAYROLL WARRANT CANCELLATION							
[REDACTED]		EmpNo	[REDACTED]	Warrant Number	[REDACTED]	Issue Date	03/09/2017	Pretax Flag Y		Refund Flag Y	
			0001	411	5120			1100		0.000	
		Credit Allocation								0.000	
		Credit Allocation								0.000	
Move Pay	0.00	Credit Allocation								0.000	
Health Incentive	0.00	Credit Allocation								0.000	
Add'l Pay	0.00	Credit Allocation								0.000	
Gross Pay	0.00									0.000	
EMPLOYEE SHARE						STATE SHARE					
Fed WH	1101	0.00	0.00	0.00	0.00						
Maint / Commute Miles	1102	0.00	0.00	0.00	0.00						
State WH	1103	0.00	0.00	0.00	0.00						
Charitable Contribution	1104	0.00	0.00	0.00	0.00						
FICA	1105	2.23	0.00	0.00	0.00	1311	2.23	0.00	0.00	0.00	0.00
Jud Retirement	1106	0.00	0.00	0.00	0.00	1313	0.00	0.00	0.00	0.00	0.00
Pol Retirement	1107	0.00	0.00	0.00	0.00	1314	0.00	0.00	0.00	0.00	0.00
IPERS	1108	0.00	0.00	0.00	0.00	1312	0.00	0.00	0.00	0.00	0.00
Employee Org Dues	1109	0.00	0.00	0.00	0.00						
Blue Cross Health	1110	0.00	0.00	0.00	0.00	1315	0.00	0.00	0.00	0.00	0.00
Temporary Deduction	1114	0.00	0.00	0.00	0.00						
Credit Union	1115	0.00	0.00	0.00	0.00						
Annuity	1116	0.00	0.00	0.00	0.00						
Group Life	1117	0.00	0.00	0.00	0.00	1317	0.00	0.00	0.00	0.00	0.00
Deferred Comp	1118	0.00	0.00	0.00	0.00	1322	0.00	0.00	0.00	0.00	0.00
Employee Org. Ins.	1119	0.00	0.00	0.00	0.00						
SPOC Health	1120	0.00	0.00	0.00	0.00	1320	0.00	0.00	0.00	0.00	0.00
Misc Deduction	1122	0.00	0.00	0.00	0.00						
Dental NonSPOC	1123	(19.26)	0.00	0.00	0.00	1323	0.00	0.00	0.00	0.00	0.00
Illinois WH	1125	0.00	0.00	0.00	0.00						
Other State WH	1126	0.00	0.00	0.00	0.00						
FICA - Police	1130	0.00	0.00	0.00	0.00	1330	0.00	0.00	0.00	0.00	0.00
Airport FF Retirement	1134	0.00	0.00	0.00	0.00	1334	0.00	0.00	0.00	0.00	0.00
CONS Peace Retirement	1135	0.00	0.00	0.00	0.00	1335	0.00	0.00	0.00	0.00	0.00
CORR Officer Retirement	1136	0.00	0.00	0.00	0.00	1336	0.00	0.00	0.00	0.00	0.00
Flex Spend Health	1141	0.00	0.00	0.00	0.00						
Blue Advantage	1143	0.00	0.00	0.00	0.00	1343	0.00	0.00	0.00	0.00	0.00
Dental SPOC	1148	0.00	0.00	0.00	0.00	1348	0.00	0.00	0.00	0.00	0.00
Blue Access	1149	(10.00)	0.00	0.00	0.00	1349	0.00	0.00	0.00	0.00	0.00
Imputed Income	1151	0.00	0.00	0.00	0.00						
TIAA / CREF Retirement	1152	0.00	0.00	0.00	0.00	1352	0.00	0.00	0.00	0.00	0.00
Flex Spend Dependent Care	1160	0.00	0.00	0.00	0.00						
L.T. Disability	1188	0.00	0.00	0.00	0.00	1318	0.00	0.00	0.00	0.00	0.00
Roth Def Comp	1189	0.00	0.00	0.00	0.00						
Garnishments	1500	0.00	0.00	0.00	0.00						
Wage Assignment	1501	0.00	0.00	0.00	0.00						
Travel Advance	2115	0.00	0.00	0.00	0.00						
Total		(27.03)									
Employee Warrant Cancelled (Net)		27.03							2.23 Debit Trustee Account		(24.80)
									Credit Salary Account		(24.80)

# Automatic Refunds

1075-N182-A      DELTA DENTAL      DENTAL INSURANCE REFUNDS FOR THE MONTH OF MARCH      PAGE      1  
RUN DATE 03/06/2017      RUN TIME 19:28:21  
0      ~~1ST-HALF-DED~~      ~~2ND-HALF-DED~~  
NAME      SOC.SEC.NO.      CODE      PRE      EMPL      CODE      PRE      EMPL      STATE      TOT      REFUND      REASON  
TAX DEDUCT      TAX DEDUCT      SHARE      PREM  
0DEPARTMENT 005      Administrative Services, Dept  
[REDACTED]      [REDACTED]      DN600      Y      19.26      Y      .00      .00      .00      19.26      TERMINATION OF COVERAGE

# Transfer Between Carriers

Reports: 075N192B (Health) & 075N181B (Dental)

BLUE ACCESS		HEALTH INSURANCE CHANGES FOR THE MONTH OF MARCH							PAGE 18	
		RUN DATE 03/06/2017 RUN TIME 19:28:23								
SOCIAL SECURITY	-F I R S T--H A L F-	HLTH PRE-	EMPL EMPL	S E C O N D--H A L F	HLTH PRE-	EMPL EMPL	STATE SHARE	TOT PREMIUM	REASON	
	CODE TAX	COST	DEDUCT	CODE TAX	COST	DEDUCT				
	CX400 Y	10.00	10.00		.00	.00	.00	10.00	NO 2ND HALF DED - REFUND DUE	
	Y	.00	.00	CX400 Y	10.00	20.00	662.00	682.00	NO 1ST HALF DED- 2ND HALF ADJ	
	SI400 Y	10.00	10.00	CI600 Y	10.00	10.00	1578.00	1598.00	PLAN CHANGE - NO ADJ NEEDED	
	Y	.00	.00	CN60W Y	111.50	223.00	1446.00	1669.00	NO 1ST HALF DED- 2ND HALF ADJ	
	Y	.00	.00	CX400 Y	10.00	20.00	662.00	682.00	NO 1ST HALF DED- 2ND HALF ADJ	

- In this example the employee was in a code SI400 (BCBS IA Select) for the first half insurance pull and changed to a code CI600 (Blue Access) for the second half insurance pull.

Your totals should balance with the amounts on your Insurance Billing Summary report.

CARRIER	CARRIER AMOUNT	# OF EE COVERED	BALANCED ?	ADJUSTMENTS ATTACHED	CHECKS ATTACHED	OTHER
DELTA DENTAL	10,834.41	186				
DENTAL SPOC	.00	0				
NATIONAL CHOICE	39,235.50	31				
IOWA CHOICE	186,432.00	143				
SPOC	.00	0				

- INSTRUCTIONS:
- 1) AGENCY HRA STAFF COMPLETE THIS FORM. RETURN COMPLETED FORM(S) WITH ADDITIONAL PAPERWORK (IF NEEDED) TO DAS-SAE - ATTN: INSURANCE BILLING ADJ COORDINATOR WITHIN (4) WEEKS FROM THE RUN DATE PRINTED ON THIS REPORT.
  - 2) 'BALANCED' COLUMN - ENTER AN 'X' ON EACH CARRIER LINE IF YOU HAVE BALANCED THE CARRIER TOTALS USING THE 'PAYROLL JOURNAL RECAP RECONCILIATION WORKSHEET'
  - 3) 'ADJUSTMENTS ATTACHED' COLUMN - ENTER AN 'X' ON EACH CARRIER LINE IF YOU ARE MAKING BILLING ADJUSTMENTS ATTACH ALL INSURANCE ADJUSTMENTS PAPERWORK WITH THIS FORM.
  - 4) 'CHECKS ATTACHED' COLUMN - ENTER AN 'X' ON EACH CARRIER LINE IF YOU ARE INCLUDING PAYMENTS FROM EMPLOYEES. CHECKS MADE PAYABLE TO 'TREASURER - STATE OF IOWA'. MONTH/YR + HLTH/DENTAL INFO ON MEMO LINE IS HELPFUL.
  - 5) 'OTHER COMMENTS' COLUMN - ENTER ADDITIONAL COMMENTS OR EXPLANATIONS AS NEEDED (I.E. EMPLOYEE NAME/EI # THAT APPEARS TO BE A PROBLEM. APPLY AUTO-REFUND, WORKSHEET WILL NOT BALANCE, ETC)



# **PAYROLL JOURNAL RECAP RECONCILIATION WORKSHEET**

Department	National Choice/Blue Cross			Delta Dental			Blue Advantage			Iowa Choice/Blue Access		
	EE Share	State Share	Total	EE Share	State Share	Total	EE Share	State Share	Total	EE Share	State Share	Total
Regular Payroll												
Pay period 1			-			-	-		-			-
Pay period 2			-			-	-		-			-
Add Rewrites from DW rewrite reports												
Pay period 1			-			-	-		-			-
Pay period 2			-			-	-		-			-
Subtract Cancels from DW cancel report												
Pay period 1	-		-	-		-	-		-	-		-
Pay period 2	-		-	-		-	-		-	-		-
Subtract Automatic Refunds - 075N192A or 075N181A												
	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-
Transfers between Carriers (+ or -) - 075N192B or 075N181B												
			-			-			-			-
			-			-			-			-
			-			-			-			-
Transfers between Depts (+ or -)			-			-			-			-
			-			-			-			-
			-			-			-			-
			-			-			-			-
Totals	-	-	-	-	-	-	-	-	-	-	-	-
Amounts from Billing summary - 075N193A			-			-			-			-
Difference			-			-			-			-

Worksheet can be found on-line at:

<https://das.iowa.gov/human-resources/hr-info-hrapa#InsBillings>

# Where To Find Issues That Affect Balancing

- Check Data Warehouse for rewrites and cancellations.
- Automatic Refunds-Check Refund reports.
  - 075-N192-A Health
  - 075-N181-A Dental
- Transfer between carriers – Check Change reports.
  - 075-N192-B Health
  - 075-N181-B Dental
- Transfer between departments between the 1st and 2nd pull
  - First half employee share would have pulled from the old department, the second half from the new department.
- Just because you balance doesn't mean you don't have billing adjustments!
  - Late P1 changes (both pay periods have already pulled) and people on leave without pay for both pay periods won't cause you to not balance.

# Carriers

- Billings are balanced and adjustments done by individual carrier. The billing reports are specified by carrier. The carrier name will be indicated on the top of the reports.
- Use the carrier names on your Insurance Billing Summary sheet.
  - Current health carriers are:
    - National Choice (BCBS/ Iowa Select Network)
    - Iowa Choice (Blue Access Network)
    - SPOC (Alliance Select)
  - Dental: Delta Dental & SPOC Dental
  - Life & LTD: The Standard
- Don't use "Wellmark" as the carrier name on the adjustment forms.
- You only need one Trustee Report Adjustment form for each carrier for a month's billing adjustments.

1075-N193-A AGENCY 005  
DEPT NAME Administrative Services, Dept

HEALTH/DENTAL INSURANCE BILLING SUMMARY  
MONTH OF FEBRUARY, 2018

PAGE 1  
RUN DATE 02/05/2018

CARRIER	CARRIER AMOUNT	# OF EE COVERED	BALANCED ?	ADJUSTMENTS ATTACHED	CHECKS ATTACHED	OTHER
DELTA DENTAL	10,834.41	186				
DENTAL SPOC	.00	0				
NATIONAL CHOICE	39,235.50	31				
IOWA CHOICE	186,432.00	143				
SPOC	.00	0				

INSTRUCTIONS:

- 1) AGENCY HRA STAFF COMPLETE THIS FORM. RETURN COMPLETED FORM(S) WITH ADDITIONAL PAPERWORK (IF NEEDED) TO DAS-SAE - ATTN: INSURANCE BILLING ADJ COORDINATOR WITHIN (4) WEEKS FROM THE RUN DATE PRINTED ON THIS REPORT.
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- 3) 'ADJUSTMENTS ATTACHED' COLUMN - ENTER AN 'X' ON EACH CARRIER LINE IF YOU ARE MAKING BILLING ADJUSTMENTS ATTACH ALL INSURANCE ADJUSTMENTS PAPERWORK WITH THIS FORM.
- 4) 'CHECKS ATTACHED' COLUMN - ENTER AN 'X' ON EACH CARRIER LINE IF YOU ARE INCLUDING PAYMENTS FROM EMPLOYEES. CHECKS MADE PAYABLE TO 'TREASURER - STATE OF IOWA'. MONTH/YR + HLTH/DENTAL INFO ON MEMO LINE IS HELPFUL.
- 5) 'OTHER COMMENTS' COLUMN - ENTER ADDITIONAL COMMENTS OR EXPLANATIONS AS NEEDED (I.E. EMPLOYEE NAME/EI # THAT APPEARS TO BE A PROBLEM. APPLY AUTO-REFUND, WORKSHEET WILL NOT BALANCE, ETC)

# Billing Adjustment Forms

Find forms at:

<https://das.iowa.gov/human-resources/hr-info-hrapa#InsBillings>



## Iowa Department of Administrative Services

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# SERVICE • EFFICIENCY • VALUE

DAS will be an organization of excellence, providing services and support to meet our stakeholder agencies' needs and ever mindful of good stewardship in resource utilization.

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## CUSTOMERS

- › [Capitol Complex Events](#)
- › [Capitol Complex Policies](#)
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- › [Fleet Services](#)
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## STATE EMPLOYEES

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- › [Employee Benefits](#)
- › [Healthy Opportunities](#)
- › [Hotel, Motel and B&B Guide](#)
- › [Job Classifications](#)
- › [Managers & Supervisors Manual](#)
- › [Online Payroll Warrant](#)
- › [Training Opportunities](#)
- › [Travel Policies and Forms](#)

## HOW TO...

- › [Apply for a state job](#)
- › [Become a certified Targeted Small Business](#)
- › [Order or search DAS Services \(eDAS\)](#)
- › [Register as a state vendor](#)
- › [Reserve space or hold an event on the Capitol Complex](#)
- › [Search Settlement Agreements](#)
- › [Find DAS Forms](#)



### State Financial Reports

Iowa's Comprehensive Annual Financial Report (CAFR) is a thorough and detailed presentation of the state's financial condition. It reports on Iowa's activities and balances for each fiscal year.

[READ MORE](#)

### Affordable Care Act

The Patient Protection and Affordable Care Act (ACA) was enacted by Congress in 2010 to increase the number of Americans covered by health insurance and decrease the cost of health care. These pages provide information to



### Capitol Complex Events

Welcome to the Iowa Department of Administrative Services events homepage.

You will find tools here to streamline your event scheduling and help you determine the right



## Human Resources

[Affordable Care Act](#)[State Employment](#)[Classification and Pay](#)[Collective Bargaining](#)[Diversity, AA & EEO](#)[Employee and Retiree Benefits](#)[FMLA](#)[HR Info for Employees](#)[HR Info for HRAs](#)[HR Info for Management](#)

## Human Resources

The Iowa Department of Administrative Services, Human Resources Enterprise, provides the full range of personnel services to state government.

Human Resources customers include state agencies, applicants for state jobs, state retirees, the Governor's office, the labor unions and the Legislative and Judicial Branches of state government. Services are also used on a limited basis by the Regents, Community-Based Corrections and the State Fair Authority.



### HRE Quick Links

- [State of Iowa Jobs](#)
- [Drafting Essential Functions](#)
- [Service Guide for Managers and Supervisors](#)
- [Employee Benefits](#)
- [Retirement Investors' Club \(RIC\)](#)





## Human Resources

[Affordable Care Act](#)

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[FMLA](#)

[HR Info for Employees](#)

[HR Info for HRAs](#)

[HR Info for Management](#)

[Human Resources](#) > HR Information for Human Resources Associates

## HR Information for Human Resources Associates

2018 IowaBenefits Automatic P-1 Processing Schedule Click [here](#) for updated information as of June 27, 2017.

The following list includes many frequently used DAS-HRE forms and policies in one central location for the user's convenience. Several of these forms are also found in the [Managers and Supervisors Manual](#) and other locations on the [DAS-HRE website](#). Where that is the case, a link to the respective Chapter in the Manual or other resource has been included.

This information is divided into the following sections for convenience:

[Administrative Rules](#)

[Agency Human Resources Contacts](#)

[Benefits](#)

[Central Payroll](#)

[Employment](#)

[Family and Medical Leave Act \(FMLA\)](#)

[Fiscal Year-End Processing](#)

[Insurance Billings](#)

[Internships](#)

[Iowa Administrative Code](#)

[IowaBenefits](#)

[Manuals and Other Resources](#)

[Military Leave](#)

[Pay](#)

[Pre-Audit](#)

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[Relocation](#)

[Severe Weather Information](#)

[Sick Leave Insurance Program \(SLIP\)](#)

[State Human Resources Policies](#)

[Taxable Benefits Processing P1 Type 300-301](#)

[Telework](#)



## Insurance Billings

[Monthly Insurance Billing Reconciliation Manual](#) PDF

[CFN 005 State Share Transfer - Life & LTD form](#)

[CFN 005 Supplemental Life form](#)

[CFN 552 Refund form](#)

[CFN 552 State Share Transfer - Health & Dental form](#)

[CFN 552 Trustee Report Adjustments \(TRA\) form](#) (Word)

[CFN 552 Trustee Report Adjustments \(TRA\) form](#) (Excel)

[CFN 552 Transfer Between Carriers form](#)

[Insurance billing example](#) PDF

[Reconciliation Worksheet](#)

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[↑ return to top](#)

## Internships

[Internship Development Program](#)

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[↑ return to top](#)

## Layoff

[Layoff Plan Merit Covered Employees 552-0752](#)

[SPOC Layoff Plan 552-0753](#)

[Recall and Outplacement Instructions for Merit-Covered Employees 552-0231B](#)

[Retention Point Calculation Worksheet 552-0106](#)

# STATE OF IOWA – CENTRALIZED PAYROLL HEALTH AND DENTAL INSURANCE TRUSTEE REPORT ADJUSTMENTS

FOR MONTH OF \_\_\_\_\_ INS. CARRIER \_\_\_\_\_ DATE COMPLETED \_\_\_\_\_ PAGE \_\_\_\_ OF \_\_\_\_  
THREE DIGIT NUMBER \_\_\_\_\_ DEPT. NAME \_\_\_\_\_ DATE OF REVISION #1 \_\_\_\_\_  
DATE OF REVISION #2 \_\_\_\_\_

						DOLLAR AMOUNT	NO. OF EMPLOYEES	
AMOUNT SHOWN ON TRUSTEE REPORT								
NAME	SSN	CODE		EXPLANATION (INCLUDE DATES)	+/-	TOTAL	+/-	TOTAL
		FR*	TO					
CORRECTED TOTAL								

CFN 552-0570 R 4/04 \*Incorrect code on the Billing Printout that the employee is changing from.

Cover sheet for all adjustments paying in or refunding.

IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES  
**STATE SHARE TRANSFER**

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Payroll Number: \_\_\_\_\_

Reason for Transfer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Enter only one employee name, plan name, insurance code and dollar amount per request.  
All fields on form must be completed, or request may be returned due to insufficient information.*

Insurance Plan: \_\_\_\_\_ Amount: \_\_\_\_\_

Insurance Code: \_\_\_\_\_

For Month of: \_\_\_\_\_

CFN 552-0335 R 4/04

Authorized by: \_\_\_\_\_

Used to pay in dollars owed by the department for state shares.



## Iowa Department of Administrative Services – State Accounting Enterprise

**REFUND FOR HEALTH, DENTAL AND LIFE INSURANCE**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Pay Period of Over-deduction: \_\_\_\_\_

10 Digit Payroll Number*	Class and Position Numbers	Employee Number	Social Security Number	Insurance Type (H, D or L)

Date** (MM-YY)	Insurance Code Being Refunded	Pre-Tax Flag (Y or N)	Refund Amount For Employee	Refund Amount For State Share	Reason for Refund (Code)

Explanation:\*\*\*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Payroll number must correspond to billing report at over-deduction.

\*\* Date - include MM and YY of effective date to which the refund applies.

\*\*\* Always include a full explanation regardless of refund reason.

Insurance Type

H = Health

D = Dental

L = Life

Pre-Tax Flag

Y = Yes Pre-Tax

N = No Pre-Tax

Reason for Refund

1 = Termination of Employment

2 = Termination of Insurance Coverage Only

3 = LTD Leave

4 = Transfer Between Plans

5 = Incorrect Code

6 = Part-time to Full-time

7 = Other Reason

NOTE:Include a separate form for each type of insurance refund (i.e., life, health, dental) for each employee. Always include a full explanation regardless of refund reason.

Authorized Claim Signature \_\_\_\_\_

Used to refund money back to the employee or department.

Iowa Department of Administrative Services – State Accounting Enterprise  
**EMPLOYEE AND/OR STATE SHARE TRANSFER BETWEEN CARRIERS**

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Payroll Number: \_\_\_\_\_ Month/Year: \_\_\_\_\_

Reason for Transfer: \_\_\_\_\_  
\_\_\_\_\_

---

*Enter only one employee name, plan name, insurance code and dollar amount per request.*

**FROM**

**TO**

Insurance Plan: \_\_\_\_\_ Insurance Plan: \_\_\_\_\_

Insurance Code: \_\_\_\_\_ Insurance Code: \_\_\_\_\_

Employee's Share \_\_\_\_\_

State Share \_\_\_\_\_

CFN 552-0576 R 4/04

Authorized by: \_\_\_\_\_

Used to transfer the common amount between two different carriers.

Iowa Department of Administrative Services  
**LIFE/LTD STATE SHARE TRANSFER**

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Payroll Number: \_\_\_\_\_

Reason for Transfer: \_\_\_\_\_

---

*Enter only one employee name, plan name, insurance code and dollar amount per request.  
All fields on form must be completed or this request may be returned due to insufficient information.*

Check One: ☐ Life ☐ LTD Amount \$ \_\_\_\_\_

Basic Life Code: \_\_\_\_\_

For Month of: \_\_\_\_\_

**\*If a leave code of 53, 54, 57 or 59 Life/LTD state shares are automatically paid, this form is not needed.\***

Authorized by: \_\_\_\_\_

CFN 005-01 03/14

Used to pay in dollars owed by the department for Life & LTD for those not in a leave code.

Iowa Department of Administrative Services  
**EMPLOYEE SUPPLEMENTAL LIFE PAYMENT**

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Payroll Number: \_\_\_\_\_

Leave Code: \_\_\_\_\_

---

---

*Enter only one employee name, plan name, insurance code and dollar amount per request.  
All fields on form must be completed or this request may be returned due to insufficient information.  
Only fill out this form if an employee has provided a check for their supplemental life insurance*

Amount: \$ \_\_\_\_\_

**\*Please make sure the amount of the check matches  
the amount on the supplemental life rate sheets.**

Life Supplemental Code: \_\_\_\_\_

For Month of: \_\_\_\_\_

CFN 005-02 03/14

Use as an attachment to go with the payment when you are only sending in a check for Supplemental Life.

# Submission Of Adjustments

- All checks should be written to the State of Iowa.
- Send originals and one set of copies.
- Submit forms, payments and one set of copies to:

Insurance Billings  
DAS-SAE  
3rd Floor Hoover Building



# ADJUSTMENT EXAMPLES

Jessica needs the benefits of a break from Benefits.



On a well needed Florida vacation, she gets a little excited reliving the adventure of her favorite Disney princess.

Jessica falls out of her seashell boat on the Little Mermaid ride, hitting her head and breaking both arms.

Jessica is now out on FMLA LWOP.

Jessica has National Choice family.



	<u>ST</u>	<u>EE</u>
SE600	1,518.00	273.00

FOR MONTH OF	<u>OCT 2018</u>	INS. CARRIER	<u>NATIONAL CHOICE</u>	DATE COMPLETED	<u>11/05/18</u>	PAGE	<u>1</u>	OF	<u>1</u>
				DATE OF REVISION#1	<u>  </u>				
THREE DIGIT NUMBER	<u>005</u>	DEPT. NAME	<u>ADMINISTRATIVE SERVICES</u>	DATE OF REVISION#2	<u>  </u>				

CFN 552-0570 R 4/04 \*Incorrect code on the Billing Printout that the employee is changing from.

**IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES  
STATE SHARE TRANSFER**

**Department:** ADMINISTRATIVE SERVICES **Date:** 11/05/18

**Employee Name:** JESSICA LINGO **SSN:** 111-22-3333

**Payroll Number:** 005-000-0000

**Reason for Transfer:** FMLA #1

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*Enter only one employee name, plan name, insurance code and dollar amount per request.  
All fields on form must be completed, or request may be returned due to insufficient information.*

**Insurance Plan:** NATIONAL CHOICE **Amount:** 1,518.00

**Insurance Code:** SE600

**For Month of:** OCTOBER 2018

Jessica Lingo

1611

10-31-18

Date

Pay to the  
Order of

Treasurer, State of Iowa

\$

273.00

*Two hundred seventy three and no/100*



COMMUNITY  
CHOICE  
CREDIT UNION

For Oct Health Insurance

*Jessica Lingo*

With Jessica out during an especially difficult open enrollment, our fearless team leader must take on even more challenges.

The extra stress is too much for Amy.

Amy has a nervous breakdown and quits.



Amy quits on October 31<sup>st</sup>, but November insurance premiums have already pulled.

Amy has family Iowa Choice.



	<u>ST</u>	<u>EE</u>
CE600	1,518.00	150.00

FOR MONTH OF	NOVEMBER 2018	INS. CARRIER	IOWA CHOICE	DATE COMPLETED	11/26/18	PAGE	1	OF	1
THREE DIGIT NUMBER	005	DEPT. NAME	ADMINISTRATIVE SERVICES	DATE OF REVISION #1					
				DATE OF REVISION #2					

						DOLLAR AMOUNT	NO. OF EMPLOYEES	
AMOUNT SHOWN ON TRUSTEE REPORT						32,158.55	45	
NAME	SSN	CODE		EXPLANATION (INCLUDE DATES)	+/-	TOTAL	+/-	TOTAL
		FR*	TO					
AMY LIECHTI	222-33-4444	CE600		TERMED EMPLOYMENT 10/31/18	-	1,668.00	-	1
CORRECTED TOTAL						30,490.55		44



## Iowa Department of Administrative Services – State Accounting Enterprise

**REFUND FOR HEALTH, DENTAL AND LIFE INSURANCE**Name: AMY LIECHTIDepartment: ADMINISTRATIVE SERVICESDate Submitted: 11/26/18 Pay Period of Over-deduction: 10/05/18 & 10/19/18

10 Digit Payroll Number*	Class and Position Numbers	Employee Number	Social Security Number	Insurance Type (H, D or L)
005-111-1111	11111-222	12345	222-33-4444	H

Date** (MM-YY)	Insurance Code Being Refunded	Pre-Tax Flag (Y or N)	Refund Amount For Employee	Refund Amount For State Share	Reason for Refund (Code)
11-18	CE600	Y	150.00	1,518.00	1

**Explanation:\*\*\***TERMINATION OF EMPLOYMENT 10/31/18.

\* Payroll number must correspond to billing report at over-deduction.

\*\* Date - include MM and YY of effective date to which the refund applies.

\*\*\* Always include a full explanation regardless of refund reason.

**Insurance Type**

H = Health

D = Dental

L = Life

**Pre-Tax Flag**

Y = Yes Pre-Tax

N = No Pre-Tax

**Reason for Refund**

1 = Termination of Employment

2 = Termination of Insurance Coverage Only

3 = LTD Leave

4 = Transfer Between Plans

5 = Incorrect Code

6 = Part-time to Full-time

7 = Other Reason

**NOTE:**Include a separate form for each type of insurance refund (i.e., life, health, dental) for each employee. Always include a full explanation regardless of refund reason.

Authorized Claim Signature

Helga Rae Abernethy



Elise likes to walk her dog at the dog park.



Her pup decides a pesky little squirrel wants to play.



In the scurry, Elise trips into the arms of a cute dog lover nearby.

Puppy love gets serious and Elise gets married.



Elise goes from single Iowa Choice to family Iowa Choice.

	<u>ST</u>	<u>EE</u>
CE400	672.00	40.00
TO		
CE600	<u>1,518.00</u>	<u>150.00</u>
	-846.00	-110.00

FOR MONTH OF	JUNE 2018	INS. CARRIER	IOWA CHOICE	DATE COMPLETED	06/29/18	PAGE	1	OF	1
				DATE OF REVISION #1					
THREE DIGIT NUMBER	005	DEPT. NAME	ADMINISTRATIVE SERVICES	DATE OF REVISION #2					

CFN 552-0570 R 4/04 \*Incorrect code on the Billing Printout that the employee is changing from.

IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES  
**STATE SHARE TRANSFER**

Department: ADMINISTRATIVE SERVICES Date: 06/29/18

Employee Name: ELISE MULLEN-GOOLAHEE SSN: 333-44-5555

Payroll Number: 005-222-2222

Reason for Transfer: SINGLE TO FAMILY MARRIAGE 5/27/18

*Enter only one employee name, plan name, insurance code and dollar amount per request.  
All fields on form must be completed, or request may be returned due to insufficient information.*

Insurance Plan: IOWA CHOICE Amount: \$ 846.00

Insurance Code: CE600

For Month of: JUNE 2018

CFN 552-0335 R 4/04

Authorized by: Helga Rae Abercrombie

Elise Mullen

1611

06-28-18

Date

Pay to the  
Order of

Treasurer, State of Iowa

\$

110.00

*One hundred ten and no/100*

Dollars



COMMUNITY  
CHOICE  
CREDIT UNION

For

June Health Insurance

*Elise Mullen Coolidge*

Harland Clarke

ISLAND BREEZES®

Six hours of basketball every day is a little too much for Sandy.



Sandy and Jim get divorced due to the NBA Playoffs.



Sandy goes from Family National Choice to single Iowa Choice.



	<u>ST</u>	<u>EE</u>
SE600	1,518.00	273.00
To		
CE400	<u>672.00</u>	<u>40.00</u>
	846.00	233.00

FOR MONTH OF	JUNE 2018	INS. CARRIER	IOWA CHOICE	DATE COMPLETED	07/03/18	PAGE	1	OF	1
THREE DIGIT NUMBER	005	DEPT. NAME	ADMINISTRATIVE SERVICES	DATE OF REVISION #1					
				DATE OF REVISION #2					

CFN 552-0570 R 4/04 \*Incorrect code on the Billing Printout that the employee is changing from.

Iowa Department of Administrative Services – State Accounting Enterprise  
EMPLOYEE AND/OR STATE SHARE TRANSFER BETWEEN CARRIERS

Department: ADMINISTRATIVE SERVICES Date: 7/03/18

Employee Name: SANDY MEZERA SSN: 444-55-6666

Payroll Number: 005-333-3333 Month/Year: JUNE 2018

Reason for Transfer: FAMILY TO SINGLE -DIVORCE 5/30/18

Enter only one employee name, plan name, insurance code and dollar amount per request.

**FROM**

**TO**

Insurance Plan: NATIONAL CHOICE Insurance Plan: IOWA CHOICE

Insurance Code: SE600 Insurance Code: CE400

Employee's Share \$ 40.00

State Share \$ 672.00

CFN 552-0576 R 4/04

Authorized by: Helga Rae Abercrombie

	<u>ST</u>	<u>EE</u>
SE600	1,518.00	273.00
To		
CE400	<u>672.00</u>	<u>40.00</u>
	846.00	233.00



# STATE OF IOWA – CENTRALIZED PAYROLL HEALTH AND DENTAL INSURANCE TRUSTEE REPORT ADJUSTMENTS

FOR MONTH OF JUNE 2018      INS. CARRIER NATIONAL CHOICE      DATE COMPLETED 07/03/18      PAGE 1 OF 1  
 THREE DIGIT NUMBER 005      DEPT. NAME ADMINISTRATIVE SERVICES      DATE OF REVISION #1 \_\_\_\_\_  
 DATE OF REVISION #2 \_\_\_\_\_

						DOLLAR AMOUNT	NO. OF EMPLOYEES	
AMOUNT SHOWN ON TRUSTEE REPORT						221,101.90	163	
NAME	SSN	CODE		EXPLANATION (INCLUDE DATES)	+/-	TOTAL	+/-	TOTAL
		FR*	TO					
SANDY MEZERA	444-55-6666	SE600	CE400	FAMILY TO SINGLE -DIVORCE 5/30/18	-	1791.00	-	1
CORRECTED TOTAL						219,310.90		162



## Iowa Department of Administrative Services – State Accounting Enterprise

**REFUND FOR HEALTH, DENTAL AND LIFE INSURANCE**Name: SANDY MEZERADepartment: ADMINISTRATIVE SERVICESDate Submitted: 07/03/18Pay Period of Over-deduction: 5/4/18 & 5/18/18

10 Digit Payroll Number*	Class and Position Numbers	Employee Number	Social Security Number	Insurance Type (H, D or L)
005-333-3333	44444-555	54321	444-55-6666	H

Date** (MM-YY)	Insurance Code Being Refunded	Pre-Tax Flag (Y or N)	Refund Amount For Employee	Refund Amount For State Share	Reason for Refund (Code)
06-18	SE600	Y	233.00	846.00	4

**Explanation:\*\*\***FAMILY TO SINGLE DIVORCE 5/30/18

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

	<u>ST</u>	<u>EE</u>
SE600	1,518.00	273.00
To		
CE400	672.00	40.00
	<u>846.00</u>	<u>233.00</u>

\* Payroll number must correspond to billing report at over-deduction.

\*\* Date - include MM and YY of effective date to which the refund applies.

\*\*\* Always include a full explanation regardless of refund reason.

**Insurance Type**

H = Health  
D = Dental  
L = Life

**Pre-Tax Flag**

Y = Yes Pre-Tax  
N = No Pre-Tax

**Reason for Refund**

1 = Termination of Employment  
2 = Termination of Insurance Coverage Only  
3 = LTD Leave  
4 = Transfer Between Plans  
5 = Incorrect Code  
6 = Part-time to Full-time  
7 = Other Reason

**NOTE:**

Include a separate form for each type of insurance refund (i.e., life, health, dental) for each employee. Always include a full explanation regardless of refund reason.

Authorized Claim Signature

Helga Rae Abercrombie

**Iowa Department of Administrative Services – State Accounting Enterprise  
EMPLOYEE AND/OR STATE SHARE TRANSFER BETWEEN CARRIERS**

**Department:** ADMINISTRATIVE SERVICES **Date:** 7/03/18

**Employee Name:** SANDY MEZERA **SSN:** 444-55-6666

**Payroll Number:** 005-333-3333 **Month/Year:** JUNE 2018

**Reason for Transfer:** FAMILY TO SINGLE -DIVORCE 5/30/18

*Enter only one employee name, plan name, insurance code and dollar amount per request.*

**FROM****TO**

**Insurance Plan:** NATIONAL CHOICE **Insurance Plan:** IOWA CHOICE

**Insurance Code:** SE600 **Insurance Code:** CE400

**Employee's Share** \$ 40.00

**State Share** \$ 672.00

CFN 552-0576 R 4/04

**Authorized by:** Helga Rae Abercrombie

	<b><u>ST</u></b>	<b><u>EE</u></b>
SE600	1,518.00	273.00
To		
CE400	<u>672.00</u>	<u>40.00</u>
	846.00	233.00

Basketball season is finally over and Sandy and Jim decide to give it another try.



Sandy and Jim get remarried with a pre-nuptial agreement limiting Jim to one basketball game a day.



Sandy goes from single Iowa Choice to Family National Choice.

	<u>ST</u>	<u>EE</u>
CE400	672.00	40.00
TO		
SE600	<u>1,518.00</u>	<u>273.00</u>
	-846.00	-233.00



# STATE OF IOWA – CENTRALIZED PAYROLL HEALTH AND DENTAL INSURANCE TRUSTEE REPORT ADJUSTMENTS

FOR MONTH OF AUGUST 2018      INS. CARRIER NATIONAL CHOICE      DATE COMPLETED 08/29/18      PAGE 1 OF 1  
 THREE DIGIT NUMBER 005      DEPT. NAME ADMINISTRATIVE SERVICES      DATE OF REVISION #1 \_\_\_\_\_  
 DATE OF REVISION #2 \_\_\_\_\_

						DOLLAR AMOUNT	NO. OF EMPLOYEES	
AMOUNT SHOWN ON TRUSTEE REPORT						221,101.90	163	
NAME	SSN	CODE		EXPLANATION (INCLUDE DATES)	+/-	TOTAL	+/-	TOTAL
		FR*	TO					
SANDY MEZERA	444-55-6666	CE400	SE600	SINGLE TO FAMILY MARRIAGE 7/15/18	+	1,791.00	+	1
CORRECTED TOTAL						219,310.90		164

Iowa Department of Administrative Services – State Accounting Enterprise  
**EMPLOYEE AND/OR STATE SHARE TRANSFER BETWEEN CARRIERS**

Department: ADMINISTRATIVE SERVICES Date: 08/29/18

Employee Name: SANDY MEZERA SSN: 444-55-6666

Payroll Number: 005-333-3333 Month/Year: AUGUST 2018

Reason for Transfer: SINGLE TO DS MARRIAGE 7/15/18

Enter only one employee name, plan name, insurance code and dollar amount per request.

**FROM**

**TO**

Insurance Plan: IOWA CHOICE Insurance Plan: NATIONAL CHOICE

Insurance Code: CE400 Insurance Code: SE600

Employee's Share \$40.00

State Share \$672.00

CFN 552-0576 R 4/04

Authorized by: Helen Rae Abercrombie

	<u>ST</u>	<u>EE</u>
CE400	672.00	40.00
TO		
SE600	<u>1,518.00</u>	<u>273.00</u>
	-846.00	-233.00

**IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES  
STATE SHARE TRANSFER**

**Department:** ADMINISTRATIVE SERVICES **Date:** 08/29/18

**Employee Name:** SANDY MEZERA **SSN:** 444-55-6666

**Payroll Number:** 005-333-3333

**Reason for Transfer:** SINGLE TO FAMILY, MARRIAGE 7/15/18

*Enter only one employee name, plan name, insurance code and dollar amount per request.  
All fields on form must be completed, or request may be returned due to insufficient information.*

**Insurance Plan:** NATIONAL CHOICE **Amount:** \$ 846.00

**Insurance Code:** SE600

**For Month of:** AUGUST 2018

Sandy Mezera

1611

07-02-18

Pay to the  
Order of:

Treasurer, State of Iowa

Date

\$

233.00

*Two hundred thirty-three and no/100*

Dollar



COMMUNITY  
CHOICE  
CREDIT UNION

For

Aug Health Insurance

*Sandy Mezera*

## STATE OF IOWA – CENTRALIZED PAYROLL

FOR MONTH OF	<u>AUGUST 2018</u>	INS. CARRIER	<u>IOWA CHOICE</u>	DATE COMPLETED	<u>08/29/18</u>	PAGE	<u>1</u>	OF	<u>1</u>
THREE DIGIT NUMBER	<u>005</u>	DEPT. NAME	<u>ADMINISTRATIVE SERVICES</u>	DATE OF REVISION #1	<u></u>				
				DATE OF REVISION #2	<u></u>				

						DOLLAR AMOUNT	NO. OF EMPLOYEES	
AMOUNT SHOWN ON TRUSTEE REPORT						221,101.90	163	
NAME	SSN	CODE		EXPLANATION (INCLUDE DATES)	+/-	TOTAL	+/-	TOTAL
		FR*	TO					
SANDY MEZERA	444-55-6666	CE400	SE600	SINGLE TO FAMILY, MARRIAGE 7/15/18	-	712.00	-	1
CORRECTED TOTAL						220,389.90		162



**Iowa Department of Administrative Services – State Accounting Enterprise  
EMPLOYEE AND/OR STATE SHARE TRANSFER BETWEEN CARRIERS**

**Department:** ADMINISTRATIVE SERVICES **Date:** 08/29/18

**Employee Name:** SANDY MEZERA **SSN:** 444-55-6666

**Payroll Number:** 005-333-3333 **Month/Year:** AUGUST 2018

**Reason for Transfer:** SINGLE TO DS MARRIAGE 7/15/18

*Enter only one employee name, plan name, insurance code and dollar amount per request.*

**FROM****TO**

**Insurance Plan:** IOWA CHOICE **Insurance Plan:** NATIONAL CHOICE

**Insurance Code:** CE400 **Insurance Code:** SE600

**Employee's Share** \$40.00

**State Share** \$672.00

CFN 552-0576 R 4/04

**Authorized by:** Helen Rae Abercrombie

	<u>ST</u>	<u>EE</u>
CE400	672.00	40.00
TO		
SE600	<u>1,518.00</u>	<u>273.00</u>
	-846.00	-233.00

# QUICK QUIZ

Take a look at the following completed  
adjustment form.  
Why would this form not be processed?

**REFUND FOR HEALTH, DENTAL AND LIFE INSURANCE**Name: Jim PiersonDepartment: 005Date Submitted: 5/22/18Pay Period of Over-deduction: 4/06/18

□

10 Digit Payroll Number*	Class and Position Numbers	Employee Number	Social Security Number	Insurance Type (H, D or L)
005-444-4444	77777-888	56789	555-66-7777	D

Date** (MM-YY)	Insurance Code Being Refunded	Pre-Tax Flag (Y or N)	Refund Amount For Employee	Refund Amount For State Share	Reason for Refund (Code)
05-18	DE600	Y	\$19.85	\$0.00	1

**Explanation:\*\*\***

Employee retired 4/19/18. Grandchild more exciting than co-workers. 1<sup>st</sup> half of May already pulled.

\* Payroll number must correspond to billing report at over-deduction.

\*\* Date - include MM and YY of effective date to which the refund applies.

\*\*\* Always include a full explanation regardless of refund reason.

**Insurance Type**

H = Health  
D = Dental  
L = Life

**Pre-Tax Flag**

Y = Yes Pre-Tax  
N = No Pre-Tax

**Reason for Refund**

1 = Termination of Employment  
2 = Termination of Insurance Coverage Only  
3 = LTD Leave  
4 = Transfer Between Plans  
5 = Incorrect Code  
6 = Part-time to Full-time  
7 = Other Reason

**NOTE:**

Include a separate form for each type of insurance refund (i.e., life, health, dental) for each employee. Always include a full explanation regardless of refund reason.

Authorized Claim Signature

# LATE ADJUSTMENTS

If a billing situation comes up after the deadline and you have already submitted your adjustments for that month, proceed as follows:

- Send a revised Trustee Report Adjustment form, adding the new adjustment to the bottom and attach the payment or refund forms for the new adjustment.
- Any adjustment for a previous month will be reviewed and processed along with the current month's adjustments.
- Make sure to date the new TRA form on the revision line.
  - There are lines in the upper right corner of the TRA form for Revision #1 and Revision #2.
  - Adjust your total amounts and employee totals on the new TRA to reflect the new adjustment.

# Life & LTD

Leave codes 53, 54, 57 & 59 automatically pull basic life and LTD premiums.

Life and LTD deductions and totals can be found on the Employee Payroll Deductions Life Insurance & Disability Report in the Data Warehouse.

Life reports with cover memos for certain situations may come separately or in with your monthly health and dental report envelopes.

- Invalid Life Insurance Codes
- Life Insurance Changes Due To Age Change
- Group Life With Zero State Share Messages
- Leave Without Pay Codes

- These reports run and are sent automatically. If you have already dealt with the situation, just disregard.



I

April 16, 2014

**MEMORANDUM**

**TO:** Personnel Assistants

**FR:** Sandy Mezera, DAS-SAE

**RE:** Invalid Life Insurance Codes

The attached report lists employees with invalid life insurance codes. The code is either incorrect because of the employees age or union affiliation. Please take the appropriate measures to correct this life code.

Include on the P1 the date the change was effective (ie: to SPOC 9/20/13). The life code should be changed the month following the age or union change. If not, State Share Transfer forms or checks from the employee must be sent to DAS-Accounting to correct the premiums.

Thank you for your assistance in this matter. If you have any questions, please give me a call at (515) 281-8999.

Enclosure



I

April 16, 2014

**MEMORANDUM**

**TO:** Personnel Assistants

**FR:** Sandy Mezera, DAS-State Accounting Enterprise

**RE: Life Insurance Changes Due to Age Change**

I have attached a report listing employees who, due to a change in age, have changes in their life insurance for the first of the month following their date of birth. The change is either the amount of premium, or the amount of coverage.

Please notify the employee(s) on the list of the change in his or her life insurance. Thank you for your assistance.

Enclosure



April 16, 2014

**MEMORANDUM**

TO: Personnel Assistants

FR: Sandra Mezera, DAS-State Accounting Enterprise

RE: Life Insurance Premiums

Attached is a report listing employees who are not placed in a leave code. Life and long term disability (LTD) premiums were not paid for the employees listed. **NOTE:** This report is printed before rewrites. Check the rewrite report for life and LTD deductions before paying premiums.

If an employee is on unpaid leave less than 30 days, complete "State Share Transfer" forms for the State's life and LTD premiums. Supplemental life premiums must be paid by the employee. If the employee does not pay the premium, complete a P-1 to decrease the insurance to the basic coverage.

Employees on unpaid leave for more than 30 days for reasons other than medical leave are not eligible for life or LTD. Employees must be placed in leave codes 50. **YOU MUST NOTIFY THE EMPLOYEE OF THE CONVERSION PRIVILEGE.** If the employee returns within six months, reinstate the life insurance on the first day of the month following the return.

If an employee is on unpaid medical leave, complete "State Share Transfer" forms for the State's life and LTD premiums. Employees must be placed in a leave code 54; this will allow the State's share of Life and LTD premiums to be paid automatically.

If an employee is on intermittent medical leave, complete "State Share Transfer" forms for the State's life and LTD premiums. Employees must be placed in a leave code 57; this will allow the State's share of Life and LTD premiums to be paid automatically.

Employees on family medical leave (FMLA) for reasons other than their own illness must be placed in a leave code 53. This will allow the State's life and LTD premiums to be paid automatically.

Employees must pay supplemental premiums until LTD benefits are approved. Send a personal check or money order for the employee's supplemental premium. Write checks to "Treasurer of the State" and in the memo portion write: Life Ins. (month). Checks and forms must be sent to:

DAS-State Accounting Enterprise  
3<sup>rd</sup> Floor Hoover Building  
ATTN: Sandy Mezera

Enclosure





April 16, 2014

**MEMORANDUM**

**TO:** Personnel Assistants

**FR:** Sandy Mezera, DAS-State Accounting Enterprise

**RE: Life & LTD - Leave Without Pay Codes**

The attached report lists employees in a leave status 53 (FMLA For Family Member), 54 (Medical Leave Without Pay), 57 (Medical Intermittent Leave), or 59 (Temporary Layoff).

If an employee is in leave code 53, 54, 57, or 59, the state's share of life and long term disability (LTD) premiums will be taken from payroll. If the employee has supplemental life insurance and the supplemental premium was not paid, forward the employee's check or money order for the supplemental premium to the address below.

If an employee is not in any of the above leave codes and not approved for LTD, complete "State Share Transfer" forms (CFN 552-0335) for life and LTD premiums (Only complete the "State Share Transfer" forms if the employee has NOT been approved for LTD). If the employee has supplemental life insurance, forward the employee's check or money order, with the transfer forms to:

DAS – State Accounting Enterprise  
3<sup>rd</sup> Floor, Hoover Building  
ATTN: Sandy Mezera

If you have any questions, you can call Sandy at (515) 281-8999.

Enclosure

# Need Help? Have Questions?

- Use the Insurance Billing Guidebook. There is a copy in your training materials and on-line.
  - <https://das.iowa.gov/human-resources/hr-info-hrapa#InsBillings>
- Email or Call Sandy Mezera at 515-281-8999
- Happen to be on complex? Make an appointment to stop by.
  - DAS-HRE Hoover Building A level

**Remember to send adjustments that contain payments to:**  
**Insurance Billings**  
**DAS-SAE 3rd Floor Hoover Building**